Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Statement covers period from01/01/2020 through06/30/2020	Date of election if applicable: (Month, Day, Year)	E-Filed 07/31/2020 16:18:42 Filing ID: 191545203	CALIFORNIA 460 FORM Page 1 of 3 For Official Use Only
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee ○ Recall (Also Complete Part 5) ○ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te ☐ Amendment (Explain be	Spectronination) State	rterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
3. Committee information	D. NUMBER 1400479	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Anthony Phan Legal Defense Fund STREET ADDRESS (NO P.O. BOX)		NAME OF TREASURER Suzanna Trieu MAILING ADDRESS CITY	STATE ZIP C	ODE AREA CODE/PHONE
		Torrance	CA 905	
CITY STATE ZIP CO	35	NAME OF ASSISTANT TREASUR	ER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	BOX	MAILING ADDRESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS voteanthonyphan@gmail.com		OPTIONAL: FAX / E-MAIL ADDRE	ESS	
I. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californi Executed on	a that the foregoing is true and correct. By Suzanna Tr By Anthony Ph	ieu Signature of Treasurer or Assistant T an	reasurer	les is true and complete. I certify
Date Executed on	Signature of Co	ontrolling Officeholder, Candidate, State Measure Prop		
Date	·	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	 FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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COVER PAGE - PART 2					
	ORNIA ORM	4	160		
Page _	2	of _	3		

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
Anthony Phan								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT	
City Council Member: City of Milpitas							OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling of	ficebolder on	ndidata arat	toto magaziro i	arananant if any	
M	ilpitas CA 95035					ate measure p		
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PE	ROPONENT			
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your co	or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	F ANY	
COMMITTEE NAME	I.D. NUMBER	7	Deign with Formed County	-di-dk-/Offi	ash aldan Ca			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s	s) for which the	is committee is	primarily form		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE	
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE	
CITY STATE ZIP	CODE AREA CODE/PHONE		Atta	ch continuati	on sheets if I	necessary		

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period	CALIFORNIA 460
from	01/01/2020	FORM TOU
through _	06/30/2020	Page3 of3
		I.D. NUMBER

Anthony Phan Legal Defense Fund 1400479 Column A Column B **Calendar Year Summary for Candidates Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions Schedule A. Line 3 \$ 0.00 0.00 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B. Line 3 0.00 0.00 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ 0.00 0.00 Received 0.00 0.00 21. Expenditures Made 0.00 0.00 **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ **Candidates** 0.00 0.00 7. Loans Made Schedule H. Line 3 0.00 0.00 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ _____ 0.00 0.00 (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 0.00 \$ _____ 0.00 **Current Cash Statement** To calculate Column B. add 0.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 0.00 from Column B of your last reported in Column B. report. Some amounts in 0.00 15. Cash Payments Column A, Line 8 above Column A may be negative 7,882.63 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents See instructions on reverse \$ _____ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016)

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- 6	JV		PA	COL

Recipient (Committee
Campaign	Statement
Cover Pag	е

Date Stamp City Clerk's Office

CALIFORNIA FORM

Cover Pa	ge				only diamed amore	Page 1 of 3
		\[Statement covers period 07-01-19	Date of election if applicable: (Month, Day, Year)	JAN 3 1 2020	Page of 3 For Official Use Only
SEE INSTRUCTIO	DNS ON REVERSE		hrough12-31-19		RECEIVED	
1. Type of F	Recipient Committee: All Committe	ees – Comp	lete Parts 1, 2, 3, and 4.	2. Type of Statement:		
O Stat O Rec (Also Compl		Cor O (A/so Prin	marily Formed Ballot Measure mmittee Controlled Sponsored Complete Part 6) marily Formed Candidate/ ceholder Committee Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	nt Spec t Termination)	terly Statement ial Odd-Year Report
3. Committ	ee Information		UMBER 00479	Treasurer(s)		
COMMITTEE	NAME (OR CANDIDATE'S NAME IF NO COMMIT			NAME OF TREASURER		
Anthony	Phan Legal Defense Fund			Suzanna Trieu		
Anthony	Filan Legal Delense i unu			MAILING ADDRESS		
				1422 W 22nd Street		
STREET ADD	RESS (NO P.O. BOX)			CITY	STATE ZIP CC	
437 Grea	athouse Drive			Torrance	CA 9050	1 4087264704
CITY Milpitas	STATE CA	ZIP CODE 95035	AREA CODE/PHONE 4087264704	NAME OF ASSISTANT TREASURE	ER, IF ANY	
•	DRESS (IF DIFFERENT) NO. AND STREET OR P.	O. BOX		MAILING ADDRESS		
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE ZIP CC	DDE AREA CODE/PHONE
OPTIONAL: F	FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDRE	SS	
4 Verificati	on					

Executed on ___

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on. Executed on _ Executed on _

Bv.	Gun -
<i>-</i>	Signature of Treasurer or Assistant Treasurer
Ву_	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Du	V
Dy _	Signature of Controlling Officeholder, Candidate, State Measure Proponent

Ву 🕳 Signature of Controlling Officeholder, Candidate, State Measure Proponent

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		oler with	
Page _	2	of	3

5.	Officeholder or Candidate Controlled Committee				Primarily Formed Ballo	t Measure	Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
	Anthony Phan								
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLI	E)		BALLOT NO. OR LETTER	JURISDICTIO	DN		SUPPORT OPPOSE
	Councilmember, City of Milpitas								
	,	pitas CA	2IP 95035		Identify the controlling office	holder, candi	date, or state	measure pro	oponent, if any.
	457 Greatilouse Drive	pitas OA			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT		
	Related Committees Not Included in this Stanot included in this statement that are controlled by you of contributions or make expenditures on behalf of your cand	r are primarily formed to			OFFICE SOUGHT OR HELD			DISTRICT NO). IF ANY
	COMMITTEE NAME	I.D. NUMBER	j		,				
	NAME OF TREASURER	CONTROLLED COMMIT	TEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s)	lidate/Offic for which this	eholder Co committee is p	ommittee primarily form	List names of ned.
		YES NO)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)							SUPPORT OPPOSE
	CITY STATE ZIP C		DE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	NAME OF TREASURER	CONTROLLED COMMIT			NAME OF OFFICEHOLDER OR C.	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)					<u> </u>		
	CITY STATE ZIP C	ODE AREA COD	DE/PHONE		Atta	ch continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period 07-01-19	CALIFORNIA 460
through12-31-19	Page3 of3
	LD NUMBER

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE		through		. 490	
NAME OF FILER Anthony Phan Legal Defense Fund				I.D. NUMBER 1400479	
Anthony Filan Legal Delense Fund					
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and		
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$0 0	\$ 0 0 0 0 0 0	20. Contributions Received \$	\$	
Expenditures Made 6. Payments Made	\$ 0 0 0 0	\$O 0 \$O 0 0 \$O	Expenditure Limit S Candidates 22. Cumulativ (If Subject to	e Expenditures Made* Voluntary Expenditure Limit) Total to Date	
Current Cash Statement 12. Beginning Cash Balance	\$ 0 \$ 7882.63	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section mareported in Column B.	ay be different from amounts	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0		FPPC Advice: advi	FPPC Form 460 (Jan/2016) ce@fppc.ca.gov (866/275-3772)	

Executed on ____

Date

City Clerk's Office

AV6 01 2019

CALIFORNIA FORM	460

SEE INSTRUCTIONS ON REVERSE	from01/01/19 through	(Month, Day, Year)	RECEIV		For Official Use Only
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee	rimarily Formed Ballot Measure ommittee) Controlled) Sponsored (so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 To ☐ Amendment (Explain b	ermination)	Quarterly Special Oc	Statement dd-Year Report
	NUMBER 400479	Treasurer(s)		-	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Anthony Phan Legal Defense Fund		Suzanna Trieu			
		MAILING ADDRESS			
		1422 W 22nd St			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
437 Greathouse Dr		Torrance	CA	90501	4087264704
CITY STATE ZIP COE	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	R, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP COD	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS		
4. Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of 0	ig this statement and to the best of my kr California that the foregoing is true and co	nowledge the information contained orrect.	I herein and in the attac	hed schedule	es is true and complete. I
Executed on	Ву	Signature of Treasurer or Assistant	Treasurer		
Date 07/31/19	BySignature of Controll	ing Officeholder, Candidate, State Measure Pr	roponent or Responsible Officer	of Sponsor	
Executed on	BySign	nature of Controlling Officeholder Candidate	State Measure Prononent		

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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CALIF FC	FORNIA DRM	460
Page _	2 o	f3

Officeholder or Candidate Controlled Committee)	6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	**			
Anthony Phan							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUM	MBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	To	SUPPORT
Councilmember, City of Milpitas							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP		Identify the controlling offic	eholder, cand	idate, or state n	neasure propo	nent, if any.
			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PE	ROPONENT		
Related Committees Not Included in this Statem not included in this statement that are controlled by you or are proposed contributions or make expenditures on behalf of your candidactory.	orimarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME I.D.	NUMBER				İ		
NAME OF TREASURER CO	NTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s)	didate/Offices) for which this	ceholder Cor s committee is p	nmittee List	t names of I.
	YES NO						
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME I.D.	NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	UT OP HELD	
			WANTE OF OFFICEROEDER OR	CANDIDATE	OTTICE SOUR	ON TILLD	SUPPORT OPPOSE
	NTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	YES NO						OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE			ach continuat			

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Staten	nent covers period 01/01/19	CALIFORNIA 460
through	06/30/19	Page3 of
		I.D. NUMBER
		1400470

SEE INSTRUCTIONS ON REVERSE				unougn	**************************************	· -g-	
NAME OF FILER Anthony Phan Legal Defense Fund						I.D. NUMBER 1400479	
Contributions Received	(F	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	Columi CALENDAR TOTAL TO E	YEAR	Calendar Year Summary for Candidate Running in Both the State Primary and		
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2		0	\$ \$	0 0 0	20. Contributions	7/1 to Date	
4. Nonmonetary Contributions		0	\$		21. Expenditures Made \$	\$	
Expenditures Made 6. Payments Made	\$	0 0 0 0	\$	0 0 0	Expenditure Limit S Candidates 22. Cumulati (If Subject to mm/dd/yy)	Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date \$	
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0 0 7,882.63	To calculate Colu add amounts in CA to the correspoi amounts from Co of your last report amounts in Colun be negative figure should be subtract previous period a this is the first repfiled for this calen only carry over the from Lines 2, 7, a any).	column Inding Ilumn B Ilumn B Ilumn A may	*Amounts in this section reported in Column B.	— \$ ———— may be different from amounts FPPC Form 460 (Jan/2016)	
	*		ĺ		FPPC Advice: adv	rice@fppc.ca.gov (866/275-3772)	

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2!!!44					COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp		FORM 460
	Statement covers period from 07/01/2018	Date of election if applicable: (Month, Day, Year)	City Clerk's Off JUN 17 201		ge1 of4 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2018		RECEIV		
1. Type of Recipient Committee: All Committees - Col	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Committee Controlled Sponsored Socomplete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 T ☐ Amendment (Explain b	ermination)	Quarterly Special Oc	Statement dd-Year Report
3. Committee Information	1400479	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Anthony Phan Legal Defense Fund		Suzanna Trieu			
		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		1422 W 22nd St	STATE	ZIP CODE	AREA CODE/PHONE
437 Greathouse Dr		Torrance	CA	90501	(408) 726-4704
CITY STATE ZIP CO Milpitas CA 9503		NAME OF ASSISTANT TREASURE			(100) 120 1101
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	ARÉA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS	AND	
l. Verification					
I have used all reasonable diligence in preparing and reviewi			d herein and in the atta	ched schedule	es is true and complete. I
certify under penalty of perjury under the laws of the State of	Camornia that the loregoing is true and	d correct.	7		
Executed on	Ву	Signature of Treasurer or Assistan	nt Treasurer		
Executed on	By ———Signature of Cor	atrolling Officehölder, Candidate, State Measure P	Mr	er of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent		
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent		

Officeholder or Candidate Controlled Con	nmittee			6.	Primarily Formed Ballo	t Measure C	ommittee	
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE			
Anthony Phan								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER	IF APPLICA	BLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Councilmember, City of Milpitas								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STAT			Identify the controlling office	holder, candida	ate, or state measure	proponent, if any.
437 Greathouse Dr	Milpitas	CA	95035		NAME OF OFFICEHOLDER, CANI	DIDATE, OR PRO	PONENT	
Related Committees Not Included in this anot included in this statement that are controlled by you contributions or make expenditures on behalf of your contributions.	u or are prima				OFFICE SOUGHT OR HELD		DISTRICT	Γ NO. IF ANY
COMMITTEE NAME	I.D. NUM	BER						
NAME OF TREASURER	CONTRO	DLLED COM		7.	 Primarily Formed Cand officeholder(s) or candidate(s) 	lidate/Office for which this o	holder Committe committee is primarily	e List names of formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.					NAME OF OFFICEHOLDER OR C.	ANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
CITY STATE Z	IP CODE	AREA C	CODE/PHONE		NAME OF OFFICEHOLDER OR C.	ANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUM	IBER			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE
NAME OF TREASURER	☐ YE	OLLED COM			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE
COMMITTEE ADDRESS (NO P.	O. BOX)							
CITY STATE 2	ZIP CODE	AREA C	CODE/PHONE		Atta	ch continuatio	n sheets if necessary	,

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM from <u>07/01/20</u>18 12/31/2018 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1400 479 Anthony Phan Legal Defense Fund

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$ 0 0 0 0	\$ \frac{12,150.00}{0} \\ \$ \frac{0}{0} \\ \$ \frac{12,150.00}{0} \\ \$ \frac{12,150.00}{0} \\ \$ \frac{4,267.37}{0} \\ \$ \frac{12,150.00}{0} \\ \$ \fr	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$ Expenditure Limit Summary for State Candidates
7. Loans Made	\$ 2,436.94 0 0	\$ 4,267.37 0 0 4,267.37	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	0 0 2,436.94	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$0	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/20

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Schedule E **Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period CALIFORNIA from 07/01/2018 **FORM** through <u>12/31/20</u>18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anthony Phan Legal Defense Fund

COD	ES : If one of the following codes accura	tely describes the payment, you may ente	er the code. Otherwise,	describe the payment.
MP	campaign paraphernalia/misc.	MBR member communications	RAD	radio airtime and production costs

CNS campaign consultants contribution (explain nonmonetary)* civic donations

candidate filing/ballot fees

FND fundraising events independent expenditure supporting/opposing others (explain)*

LEG legal defense

campaign literature and mailings

MTG meetings and appearances OFC office expenses

PET petition circulating PHO phone banks

POL polling and survey research POS postage, delivery and messenger services professional services (legal, accounting)

PRT print ads

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYME	ENT	AMOUNT PAID
Sutton Law Firm 150 Post Street, Suite 405 San Francisco, CA 94108	LEG			2133.70

Payments that are contributions or independent expenditures must also be summarize	red on Schedule D.		SUBTOTAL \$	2133.70

Schedule E Summary	
Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 2133.70
2. Unitemized payments made this period of under \$100	\$ 303.24
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0

2.436.94

Recipient Committee CALIFORNIA Campaign Statement FORM Cover Page Statement covers period Date of election if applicable: For Official Use Only (Month, Day, Year) 01-01-2018 from 06-30-2018 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. ☐ Preelection Statement ☑ Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement ☐ Special Odd-Year Report O Controlled ○ Recall ☐ Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) ☐ Amendment (Explain below) General Purpose Committee □ Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 1400479 Treasurer(s) 3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Anthony Phan Legal Defense Fund Anthony Phan MAILING ADDRESS 437 Greathouse Drive STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 437 Greathouse Drive Milpitas CA 95035 (408)726-4704 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Milpitas CA 95035 (408)726-4704 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY AREA CODE/PHONE ZIP CODE AREA CODE/PHONE STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 07-27-2018 Executed on 07-27-2018 Executed on sure Proponent or Responsible Officer of Sponsor Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on. Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE

CALIFORNIA 460
FORM

Officeholder or Candidate Controlled C	ommittee		6.	Primarily Formed Ball	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Anthony Phan							
DFFICE SOUGHT OR HELD (INCLUDE LOCATION AND D	ISTRICT NUMBER	IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT
Councilmember, City of Milpitas							☐ OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP					
437 Greathouse Drive	Milpitas	CA 95035		Identify the controlling offic			proponent, if any.
				NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT	
Related Committees Not Included in thi	e Statomont	List any committees					
not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are prima			OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUM	BER			·	<u> </u>	
			-	Duine suite François Com	J: J - 4 - 10 ff:	- - - - - - -	
NAME OF TREASURER	CONTRO	DLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s)			
	☐ YE	s 🗌 NO					
COMMITTEE ADDRESS STREET ADDRESS (NC	P.O. BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SLD SUPPORT OPPOSE
CITY STATE	ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	ELD
							SUPPORT
COMMITTEE NAME	I.D. NUM	RED					OPPOSE
SOMMITTEL NAME	I.D. NOW	BLK		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT
	l						OPPOSE
NAME OF TREASURER	CONTRO	DLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	I.D.
	I □ YE	s 🗆 no		NAME OF OFFICEROLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO		<u> </u>					☐ OPPOSE
(— 1.5.4. (1.2.11. 2.11.51. 11.2.11.11.11.11.11.11.11.11.11.11.11.11	
CITY STATE	ZIP CODE	AREA CODE/PHONE					
SIAIE	ZIF CODE	AREA CODE/FHONE		Att	tach continuat	tion sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SI	INA	ΜΔ	RV	$D\Delta$	CI

Summary Page	 01-01-2018	california 460		
SEE INSTRUCTIONS ON REVERSE	06-30-2018 through	9 Page of		
NAME OF FILER Anthony Phan Legal Defense Fund		I.D. NUMBER 1400479		

Contributions Received	(F	Column A TOTAL THIS PERIOD ROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ \$	12,150.00 0.00 12,150.00 0.00 12,150.00	\$ \$	12,150.00 0.00 12,150.00 0.00 12,150.00	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$	1,830.43 0.00 1,830.43 0.00 0.00 1,830.43	\$	1,830.43 0.00 1,830.43 0.00 0.00 1,830.43	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
12. Beginning Cash Balance	\$	0.00	ade A to am of y am be she she this file onl	calculate Column B, d amounts in Column of the corresponding ounts from Column B your last report. Some ounts in Column A may negative figures that ould be subtracted from evious period amounts. If is is the first report being d for this calendar year, y carry over the amounts m Lines 2, 7, and 9 (if	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A Monetary Contributions Received			nts may be rounded whole dollars.	from	ers period -2018 	california 460 form		
SEE INSTRUCTION	NS ON REVERSE			through		Page		
NAME OF FILER	nan Legal Defense Fund					1.D. NU 14004		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR ((JAN. 1 - DE	YEAR	PER ELE TO DA (IF REQL	ATE
03-09-2018	John Wong 39488 Stevenson Place, Suite 107 94539	IND COM OTH PTY	CEO, Mission Peak Homes	1000.00	1000	.00		
03-08-2018	Jil Kauffman 468 Cascadita Ter 95035	IND COM OTH PTY	Retired	250.00	250	.00		
03-08-2018	Robert Livengood 1101 S Main St 236 95035	☑IND □COM □OTH □PTY □SCC	Consultant, Bob Livengood	1000.00	1000	0.00		
03-08-2018	Erin Gibson 4506 Country Lane 94550	☑IND □COM □OTH □PTY □SCC	Owner, Gibson Custom Home Decorating & Landscape Design	1000.00	1000	0.00		
03-08-2018	Sharanjit Kali-Rai 10 Jackson St #105 95030	☑ IND □ COM □ OTH □ PTY □ SCC	Consultant, Jackson and Main LLC	1000.00	1000	0.00		
			SUBTOTAL \$	4250.00				
1. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	12150.00	IND			

2. Amount received this period – unitemized monetary contributions of less than \$100\$

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$_

3. Total monetary contributions received this period.

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

PTY - Political Party

OTH – Other (e.g., business entity)

SCC - Small Contributor Committee

0.00

12150.00

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

01-01-2018

				110m			
				through	0-2018	Page _	5 of 8
NAME OF FILER Anthony Ph	an Legal Defense Fund					1.D. NU 14004	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
03-07-2018	Miriam Kali-Rai 10 Jackson St #105 95030	☑IND □COM □OTH □PTY □SCC	Consultant, Jackson and Main LLC	1000.00	1000.0	00	
03-07-2018	Renita Kilgore 4506 Country Lane 94550	☑IND □COM □OTH □PTY □SCC	Executive Advisor, Beauty Society Inc	1000.00	1000.0	00	
03-07-2018	Armando Gomez Consulting 1487 Yosemite Drive 95035	☐IND ☐COM ØOTH ☐PTY ☐SCC	N/A	1000.00	1000.0	00	
03-08-2018	Citation Homes 404 Saratoga Ave 95050	□IND □COM ØOTH □PTY □SCC	N/A	500.00	500.0	00	
03-06-2018	Michael Peterson 2203 Oakvale Road 94597	☑IND □COM □OTH □PTY □SCC	N/A	150.00	150.0	00	
-			SUBTOTAL	s 3650.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from

01-01-2018

				through	0-2018	Page _	6 of 8
NAME OF FILER Anthony Ph	an Legal Defense Fund					1.D. NUI 14004	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
03-24-2018	Josef Tootle 210 Alamo Square Drive 94507	☑IND □COM □OTH □PTY □SCC	Engineer, Engeo	250.00	250.0	00	
02-26-2018	McManagement LLC 210 Almendra Ave 95030	□IND □COM ☑OTH □PTY □SCC	N/A	2000.00	2000.0	00	
03-13-2018	SDG Architect, Inc. 3361 Walnut Blvd Suite 120 94513	□IND □COM ☑OTH □PTY □SCC	N/A	250.00	250.0	00	
03-12-2018	Carlso, Barbee & Gibson, Inc 2633 Camino Ramon Suite 350 94583	□IND □COM ☑OTH □PTY □SCC	N/A	250.00	250.0	00	
04-13-2018	Zanker Road Resource Management LTD 675 Los Esteros Rd 95134	□IND □COM ☑OTH □PTY □SCC	N/A	500.00	500.0	00	
			SUBTOTAL	3,250.00			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCI	1EDI	II	FΔ	(CO)	JT \
JUI	コニレバ	JL			W 1

Statement covers period

,				from	-2018	FOR	M 40U
				through	0-2018	Page	7 of 8
NAME OF FILER Anthony Pha	an Legal Defense Fund					I.D. NUMB 1400479	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
03-09-2018	Pinnacle Strategy 2820 Valley View Road 95023	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	N/A	1000.00	1000.0)0	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
			SUBTOTAL	\$ 1000.00		5	

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule E Payments Made	Amounts may b to whole de			from _	01-01-2018 06-30-2018	CALIFO	RM 4700
SEE INSTRUCTIONS ON REVERSE				throug	jh	_ Page	of
NAME OF FILER Anthony Phan Legal Defense Fund						1400479	
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member commeetings and OFC office expension circumphone banks POL polling and s POS postage, deli	imunications d appearance ses lating urvey resear	es ch	RAD R RFD M SAL C TEL t. TRC C TRS S TSF to	escribe the payment. adio airtime and production attention of the payment of the payment ampaign workers' salaries v. or cable airtime and pro- andidate travel, lodging, a taff/spouse travel, lodging ansfer between committed oter registration nformation technology cost	on costs control costs and meals and meals es of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION (OF PAYMENT		AMOUNT PAID
Sutton Law Firm 150 Post Street, Suite 405 San Francisco, CA 94108		LEG					1500.00
							Name of the second
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.			S	SUBTOTAL \$	1500.00
Schedule E Summary							4500.00
1. Itemized payments made this period. (Include all Schedul	e E subtotals.)			***************************************		\$	1500.00
2. Unitemized payments made this period of under \$100							330.43
3. Total interest paid this period on loans. (Enter amount from							1000 40
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Sumr	nary Page, Col	umn A, Line 6	.)T	OTAL \$	1830.43

Date Stamp

Recipient Committee Campaign Statement Cover Page

Cover Page			City Clarkle	Affina Mar	TOKM
SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable: (Month, Day, Year)	City Clerk's (FEB -1 2 RECEIV	Company (Special Company)	ge of For Official Use Only
1. Type of Recipient Committee: All Committees – Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:			
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	marily Formed Ballot Measure mmittee Controlled Sponsored Complete Part 6) marily Formed Candidate/ ficeholder Committee Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	☐ Quarterly S ☐ Special Od	tatement d-Year Report
	NUMBER 100479	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Anthony Phan Legal Defense Fund		NAME OF TREASURER Anthony Phan MAILING ADDRESS 440 Dixon Landing Roa	d Apt L210		
street address (No P.O. BOX) 440 Dixon Landing Road Apt L210		city Milpitas	STATE	ZIP CODE 95035	AREA CODE/PHONE 4087264704
CITY STATE ZIP COD Milpitas CA 95035 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	AREA CODE/PHONE 4087264704	NAME OF ASSISTANT TREASURE	R, IF ANY		
CITY STATE ZIP COD	E AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS		Western Control of the Control of th
I. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Control of	alifornia that the foregoing is true and By BySignature of Cont By By	Signature of Treasurer or Assistant	Opponent or Responsible Office		s is true and complete. I

CALIFORNIA 460
FORM

Page ____ of ___3

Officeholder or Candidate Contro	lled Committee		6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			TO THE RESIDENCE OF THE PERSON	
Anthony Phan								
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	N AND DISTRICT NUMBER	R IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Councilmember, City of Milpitas								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY	STATE ZIP						
440 Dixon Landing Road Apt L210	Milpitas	CA 95035		Identify the controlling office			easure propo	onent, if any.
				NAME OF OFFICEHOLDER, CAN	DIDATE, OR PE	ROPONENT		
Related Committees Not Included	l in this Statement	: List any committees						
not included in this statement that are contr contributions or make expenditures on beha	olled by you or are primals of your candidacy.	arily formed to receive		OFFICE SOUGHT OR HELD		D	ISTRICT NO. IF	- ANY
COMMITTEE NAME	I.D. NUN	MBER			· 9472/4977246811/4861-1477-1479-12477134686			
WALE OF TRANSPORT	COUTE		7.	Primarily Formed Cand	didate/Offic	ceholder Com	mittee Lis	t names of
NAME OF TREASURER	ŀ	OLLED COMMITTEE?		officeholder(s) or candidate(s)	for which this	s committee is pri	marily formed	d.
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O. BOX)	ES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGH	IT OR HELD	
	,							SUPPORT OPPOSE
CITY ST	ATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGH	T OR HELD	Поипровт
								SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUN	MBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGH	T OR HELD	
						317102 00001	TOTAL CONTRACTOR	SUPPORT OPPOSE
NAME OF TREASURER		OLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGH	IT OR HELD	Попрост
COMMITTEE ADDRESS.	YI	ES NO						SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O. BOX)			MMM forms and the complete of	The second secon			
CITY ST								
	ATE ZIP CODE	AREA CODE/PHONE						

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA ACO

SEE INSTRUCTIONS ON REVERSE	from07/01/17	FORM 40U
	through12/31/17	Page
NAME OF FILER	1	I.D. NUMBER
		1400479

		-	1400479	
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and	
Monetary Contributions	\$0.00	0.00	General Elections	
Loans Received	0.00	0.00	1/1 through 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 0.00	\$ 0.00	20. Contributions Received \$\$	
4. Nonmonetary Contributions	0.00	0.00	21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$0.00	\$ 0.00	Made \$ \$	
Expenditures Made	450.000 Classic Contract of the desired programme in the succession of the desired profession of		Expenditure Limit Summary for State	
6. Payments Made Schedule E, Line 4	\$0.00	- Ψ	Candidates	
7. Loans Made	0.00		20 0 11 5 11 11	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7		Ψ	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0.00	0.00	Date of Election Total to Date	
10. Nonmonetary Adjustment	0.00		(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$0.00	\$	\$	
Current Cash Statement			-	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$0.00	To calculate Column B,		
13. Cash Receipts Column A, Line 3 above	0.00	add amounts in Column	*Amounts in this section may be different from amounts reported in Column B.	
14. Miscellaneous Increases to Cash	0.00	A to the corresponding - amounts from Column B		
15. Cash Payments Column A, Line 8 above	0.00	of your last report. Some		
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$0.00	_ be negative lightes that		
If this is a termination statement, Line 16 must be zero.		should be subtracted from previous period amounts. If		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	this is the first report being filed for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if		
18. Cash Equivalents See instructions on reverse	\$0.00	any).		
19. Outstanding Debts	\$0.00	_	EDDC Form 450 U.S. 12046	
-			FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772	
			www.fppc.ca.go	